



JUNE 2024

KMAP GENERAL BULLETIN 24109

Wheelchair Cushion Coverage

Effective with dates of service on and after July 1, 2024, the following wheelchair cushions will be covered for all Medicaid members as medically necessary. Coverage will be extended to all age groups. The current wheelchair cushions criteria, limitations and prior authorization requirements will remain the same.

Procedure Code
E2611
E2612
E2613
E2614
E2615
E2616
E2617
E2620
E2621

The wheelchair back cushions are limited to one unit (one cushion) per 365 days and monitored through prior authorization.

Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is July 1, 2024. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

KMAP
[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service
• 1-800-933-6593
• 7:30 a.m. - 5:30 p.m.
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *DME Fee-for-Service Provider Manual*, Section 8410, page 8-78.

Gainwell Technologies is the fiscal agent for KMAP